



# FOUNDATION PERMIT APPLICATION

## TYPE OR PRINT ALL INFORMATION

**ZONING APPROVAL IS REQUIRED PRIOR TO A FOUNDATION PERMIT BEING ISSUED.**

☐ 1-, 2-, or 3-FAMILY RESIDENTIAL

Date \_\_\_\_\_

☐ 4 (OR MORE) FAMILY RESIDENTIAL (# OF DWELLING UNITS = \_\_\_\_\_)

☐ COMMERCIAL

ADDRESS OF JOB \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Working In Unit(s) # \_\_\_\_\_ TAX DISTRICT/PARCEL # \_\_\_\_\_

Tenant Name(s) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF LICENSED CONTRACTOR OR AUTHORIZED SIGNER

\_\_\_\_\_  
PRINT OR TYPE NAME

\_\_\_\_\_  
SOFT ACCOUNT #

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF ACCOUNT

PROPERTY OWNER OF RECORD \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
PRINT OR TYPE NAME

CONSTRUCTION TYPE \_\_\_\_\_ USE GROUP \_\_\_\_\_

### **REQUEST FOR:**

☐ Footing Only

☐ Foundation to Grade Only

☐ Foundation with underground utilities to include: (Separate permits are required for each)

(Check All That Apply)

☐ Electric

☐ HVAC-R

☐ Plumbing

### **OFFICE USE ONLY**

Zoning Clearance \_\_\_\_\_ Date Approved \_\_\_\_\_

Plans Examiner \_\_\_\_\_ Date Approved \_\_\_\_\_

Cashier Log # \_\_\_\_\_ Date Approved \_\_\_\_\_

\*This Foundation Permit constitutes a partial plan approval per Section 4101: 2-1-23 (D) of the Ohio Building Code. The holder of a partial plan approval may proceed only to the point for which approval has been given, at his/her own risk and without assurance that approval for the entire building or structure will be granted.